PTO/SB/30 (12-04)

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	REXTENSION OF	2005			
(Fees purs	suant to the Consolidated A	Appropriations Act, 2005	(H.R. 4848)		
				Docket Number (Or	otional): ASA-1141
Application Number: 10/617,828				Filed: July 14, 2003	
For: PERS	ONAL AUTHENTICATI	ON DEVICE		J	
Art Unit: 2624				Examiner: C.M. Larose	
This is a request application.	under the provisions of	37 CFR 1.136(a) to e	extend the period for	r filing a reply in the	above identified
The requested exte	ension and fee are as follo	ws (check time period de	esired and enter the ap	opropriate fee below): Small Entity	<u>r Fee</u>
One	month (37 CFR 1.17(a)	(1))	\$120	\$60	\$
Two	months (37 CFR 1.17(a	a)(2))	\$450	\$225	\$
<b>⊠</b> Thre	ee months (37 CFR 1.17	'(a)(3))	\$1020	\$510	\$ <u>1020(- 450 already</u>
					<u>paid)</u>
Fou	r months (37 CFR 1.17(	a)(4))	\$1590	\$795	\$
Five	months (37 CFR 1.17(	a)(5))	\$2160	\$1080	\$
Applicant cla	aims small entity status.	See 37 CFR 1.27.			
A check in the	ne amount of the fee is	enclosed.			
Payment by	credit card. Form PTO	-2038 is attached.			
The Director	has already been auth	orized to charge fees	in this application to	a Deposit Account.	
The Director	r is hereby authorized to	charge any fees whi	ch may be required,	, or credit any overpa	ayment, to Deposit Account
Number <u>50-141</u>	7. I have enclosed a du	plicate copy of this sh	neet.		
WARNING:	Information on this form be included on this form.	may become public. C	Credit card information	on should not orization on PTO-2038	3.
I am the	applicant/inventor.				
	assignee of record of the	e entire interest. See 3	7 CFR 3.71.		
		FR 3.73(b) is enclosed (			
	attorney or agent of	record. Registration	Number <u>30,293</u>		
[	attorney or agent un	der 37 CFR 1.34.			
	Registration number	er if acting under 37 CFR 1	1.34	·	
Name (Print/Type	John R. Matting	ly		No. (Attorney/Agent)	30,293
Signature	Bunt	they _		otember 12, 2006	Telephone Number: 703) 684-1120
NOTE: Signature: signature is require	s of all the inventors or assignered, see below.	ees of record of the entire in	terest or their representa	tive(s) are required. Subn	nit multiple forms if more than one

If you need assistance in completing the form, call 1-800-PTO-9199 and select option.

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